



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re U.S. Patent Application of)	
)	
ATSUMORI et al.)	Art Unit 3715
)	
Application Number: 10/771,450)	Examiner
)	Carlos, Alvin Leabres
Filed: February 5, 2004)	
)	
For: TRAINING ASSISTANT SYSTEM)	
)	
Attorney Docket No. NITT.0184)	

Commissioner of Patents
P.O. Box 1450
Alexandria, VA 22313-1450

COVER LETTER

Sir:

[x] The fee for submission of claims is calculated as shown below:

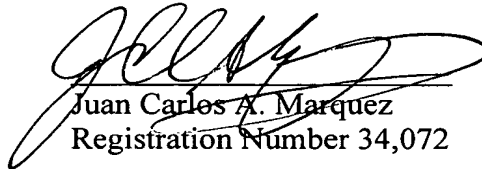
FOR	TOTAL WITH NEW CLAIMS ADDED	TOTAL CURRENTLY ON FILE	CLAIMS ALREADY PAID	RATE	CALCULATION
Total Claims	5	15	(Over 20)	x \$52	0
Independent Claims	1	1	(Over 3)	x \$220	0
MULTIPLE DEPENDENT CLAIM(S)				+ \$390	0
REDUCTION FOR FILING BY SMALL ENTITY (note 37 C.F.R. §§ 1.9, 1.27, 1.28). IF APPLICABLE, VERIFIED STATEMENT MUST BE ATTACHED				x ½	
				TOTAL	0

In addition, the below-identified communications are submitted in the above-captioned application or proceeding:

- | | |
|---|---|
| [x] Response/Amendment to Office Action (with Claim Amendments) | [x] Petition for 2-month Extension of Time |
| [] Preliminary Amendment | [] Information Disclosure Statement w/ form 1449 |
| [] Substitute Specification | [] Letter to Draftsperson |
| [] Terminal Disclaimer | [] _ sheets of replacement drawings |
| | [x] Request for Continued Examination |

- [] Please charge my **Deposit Account Number** _____ in the amount of _____ to cover the fees for _____. A duplicate copy of this paper is enclosed.
- [x] Checks in the amounts of **\$810.00 and \$490.00** to cover the RCE fee and the 2-month extension of time fee are enclosed.
- [x] The Commissioner is hereby authorized to charge any additional fees associated with this communication, or credit any overpayment to **Deposit Account Number 08-1480**.

Respectfully submitted,



Juan Carlos A. Marquez
Registration Number 34,072

REED SMITH LLP
3110 Fairview Park Drive, Suite 1400
Falls Church, Virginia 22042
(703) 641-4200
May 22, 2009



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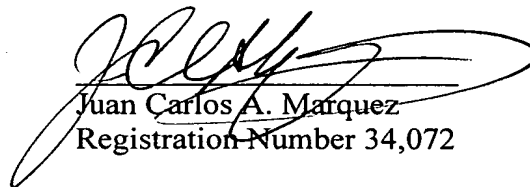
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